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7  
8 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. *2010-564*

12 **VICKI J. LAWSON**  
13 **5735 Parkside Drive**  
**Cheyenne, WY 82001**

**ACCUSATION**

14 **Registered Nurse License No. 582135**

15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her  
20 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department  
21 of Consumer Affairs.

22 2. On or about June 19, 2001, the Board of Registered Nursing issued Registered Nurse  
23 License Number 582135 to Vicki J. Lawson (Respondent). The Registered Nurse License was in  
24 full force and effect at all times relevant to the charges brought herein and will expire on  
25 November 30, 2010, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board of Registered Nursing (Board),  
28 Department of Consumer Affairs, under the authority of the following laws. All section

1 references are to the Business and Professions Code unless otherwise indicated.

2 4. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent  
3 part, that the Board may discipline any licensee, including a licensee holding a temporary or an  
4 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the  
5 Nursing Practice Act.

6 5. Section 2761 of the Code states, in pertinent part:

7 "The board may take disciplinary action against a certified or licensed nurse or deny an  
8 application for a certificate or license for any of the following:

9 "(a) Unprofessional conduct, which includes, but is not limited to, the following:

10 "(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing  
11 functions."

12 ...

13 6. California Code of Regulations, title 16, section 1443, states:

14 "As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the  
15 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and  
16 exercised by a competent registered nurse as described in Section 1443.5."

17 7. California Code of Regulations, title 16, section 1443.5 states:

18 "A registered nurse shall be considered to be competent when he/she consistently  
19 demonstrates the ability to transfer scientific knowledge from social, biological and physical  
20 sciences in applying the nursing process, as follows:

21 "(1) Formulates a nursing diagnosis through observation of the client's physical condition  
22 and behavior, and through interpretation of information obtained from the client and others,  
23 including the health team.

24 "(2) Formulates a care plan, in collaboration with the client, which ensures that direct and  
25 indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and  
26 for disease prevention and restorative measures.

27 "(3) Performs skills essential to the kind of nursing action to be taken, explains the health  
28 treatment to the client and family and teaches the client and family how to care for the client's

1 health needs.

2 "(4) Delegates tasks to subordinates based on the legal scopes of practice of the  
3 subordinates and on the preparation and capability needed in the tasks to be delegated, and  
4 effectively supervises nursing care being given by subordinates.

5 "(5) Evaluates the effectiveness of the care plan through observation of the client's physical  
6 condition and behavior, signs and symptoms of illness, and reactions to treatment and through  
7 communication with the client and health team members, and modifies the plan as needed.

8 "(6) Acts as the client's advocate, as circumstances require, by initiating action to improve  
9 health care or to change decisions or activities which are against the interests or wishes of the  
10 client, and by giving the client the opportunity to make informed decisions about health care  
11 before it is provided."

12 8. Section 2764 of the Code provides, in pertinent part, that the expiration of a license  
13 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the  
14 licensee or to render a decision imposing discipline on the license.

15 9. Section 118, subdivision (b), of the Code provides that the expiration of a license  
16 shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period  
17 within which the license may be renewed, restored, reissued or reinstated.

18 10. Section 2811(b) of the Code provides, in pertinent part, that the Board may renew an  
19 expired license at any time within eight years after the expiration.

20 11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
21 administrative law judge to direct a licensee found to have committed a violation or violations of  
22 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
23 enforcement of the case.

#### 24 FACTUAL BACKGROUND

25 12. At all relevant times, Respondent was employed at Sutter Lakeside Hospital in  
26 Lakeport, California, as a labor and delivery nurse. At 12:50 p.m. on February 7, 2001, Patient

1 T.B.<sup>1</sup> was admitted to the labor and delivery unit at Sutter Lakeside Hospital in labor with her  
2 first baby at 39 5/7 weeks gestation. Her pre-natal course had been normal with blood pressures  
3 in the ranges of 120-150 systolic and 60-80 diastolic. Her membranes had ruptured  
4 spontaneously at 11:00 on February 7, 2001. An external fetal monitor was applied, revealing a  
5 fetal heart rate baseline in the 120's, with accelerations to the 150's, and no decelerations. Uterine  
6 contractions were every 18-20 minutes, and there was light meconium.<sup>2</sup> Upon admission, T.B.'s  
7 blood pressure was elevated (149/99) and she had 2+ pitting edema of her lower legs and ankles.  
8 A urine dip was ordered to check for protein in the urine.

9 13. At 17:45 Cervidil was placed to stimulate labor (Cervidil promotes cervical dilatation  
10 and effacement). The fetal heart rate was noted to be stable and reactive, and maternal vital signs  
11 were stable. The cervix was 1.5 centimeters dilated, and 60% effaced, and the vertex was at -1  
12 station.

13 14. At 19:15, Respondent started her shift and was made aware that K.O. was T.B.'s  
14 nurse-midwife and responsible medical provider.

15 15. At 21:25 a good response to the Cervidil was noted. T.B. was having strong  
16 contractions every two minutes and the cervix was 3 centimeters dilated and 100% effaced.  
17 Intermittent fetal monitoring was ordered.

18 16. At 23:00 Respondent called nurse-midwife K.O. to give her an update on T.B.'s  
19 status, which was that she was contracting every 2-3 minutes, that the fetus was having  
20 decelerations<sup>3</sup>, and that T.B.'s blood pressure was elevated (159/102).

21  
22 <sup>1</sup> The patient's initials are used herein to protect her privacy. The patient's name and  
23 identifying information will be released pursuant to a discovery request.

24 <sup>2</sup> Meconium is the first stool of an infant, usually passed after delivery, but sometimes  
25 present in the amniotic fluid. Presence of meconium in amniotic fluid can be a sign of fetal  
distress. Meconium aspiration syndrome is when the fetus aspirates meconium prior to delivery,  
which can result in respiratory problems, which can cause hypoxia (oxygen deprivation).

26 <sup>3</sup> Decelerations of the fetal heart rate can be visualized on the electronic fetal heart rate  
27 tracing. They can be a normal result of uterine contractions, or they can suggest fetal distress,  
28 which can ultimately lead to fetal injury or demise.

1 17. At 23:30 T.B.'s blood pressure was 154/94, and at 00:15 it was 161/94. At 00:30  
2 Respondent called the nurse-midwife to return to the hospital. Decelerations continued during  
3 this time. T.B.'s blood pressure remained elevated with readings of 142/79 at 00:45 and 161/100  
4 at 01:00.

5 18. The nurse-midwife arrived on the unit at 01:04, and T.B. was instructed to start  
6 pushing. After T.B. had been pushing for over two hours, the physician was called to come in at  
7 03:27. Decelerations continued during this time period. Spontaneous vaginal birth was  
8 accomplished at 03:52 on the morning of February 8, 2001. The baby was delivered by the nurse-  
9 midwife because the physician was still en route. At birth, the baby boy, J.B., was depressed (not  
10 adequately responsive), and he suffers from spastic cerebral palsy as a result of hypoxia during  
11 the delivery process.

12  
13 CAUSE FOR DISCIPLINE  
14 (INCOMPETENCE)

15 19. Respondent is subject to disciplinary action under section 2761(a) in that she was  
16 incompetent when she failed to take note of T.B.'s initial elevated blood pressure.

17 20. Respondent is subject to disciplinary action under section 2761(a) in that she was  
18 incompetent when she failed to document presence or absence of proteinuria (protein in the urine,  
19 a sign of pre-eclampsia) in a patient with recurring elevated blood pressures.

20 21. Respondent is subject to disciplinary action under section 2761(a) in that she was  
21 incompetent when she failed to identify risk factors for pre-eclampsia and notify the nurse-  
22 midwife.

23 22. Respondent is subject to disciplinary action under section 2761(a) in that she was  
24 incompetent when she failed to adequately document fetal heart rate decelerations by placing a  
25 fetal scalp electrode<sup>4</sup>.

26 <sup>4</sup> Typically, a fetus's heart rate is monitored by an external monitor placed on the mother's  
27 abdomen. A fetal scalp electrode is attached directly to the fetus's scalp. It is used when the fetal  
28 heart rate cannot be picked up by an external monitor or when the heart rate evidences fetal  
distress that warrants closer observation.

23. Respondent is subject to disciplinary action under section 2761(a) in that she was incompetent when she failed to notify the nurse-midwife between 23:00 and 00:30 of a potential situation requiring medical intervention.

24: Respondent is subject to disciplinary action under section 2761(a) in that she was incompetent when she failed to adequately provide for her patient's safety when she requested T.B. to ambulate shortly after being medicated with Vistaril, despite the patient's complaints of feeling lightheaded.

## PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 582135, issued to Vicki J. Lawson.

2. Ordering Vicki J. Lawson to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED:

LOUISE R. BAILEY, M.ED., RN  
Interim Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
*Complainant*

SF2010200426